John Hopkins University
Student Health Insurance Plan
2024-2025 Final Premium Rates
Continuation

| | | Continuation (up to 3 months) | |
|----------|----------------|-------------------------------|---|
| Medical* | | | |
| Student | | \$ 780.00 | (\$260 monthly rate x 3) |
| | Dependent (+1) | \$ 1,560.00 | (includes student rate - $$520$ monthly rate x 3) |
| | Family (2+) | \$ 1,950.00 | (includes student rate - \$650 monthly rate x 3) |

^{*}Rates are inclusive of student coverage. AHP will collect premiums for student and any dependents requesting a coverage continuation.